

APPLICATION FOR PUBLIC SWIMMING POOL PLAN REVIEW

(Please type or print in blue or black ink)

POOL NAME(s) <u>LIST ALL POOL NAMES USING THE SAME DISINFECTION SYSTEM</u>					
1) _____		4) _____			
2) _____		5) _____			
3) _____		6) _____			
NAME OF HOTEL, CONDOMINIUM, RECREATION CENTER, ETC. (If different from pool name)					
POOL LOCATION ADDRESS		TAX MAP KEY			
STREET: _____		ZONE	SECTION	PLAT	PARCEL
CITY: _____ ZIP CODE: _____					
OWNER NAME(s) (Corp., Partnership, etc.)					
FEE AMOUNT: \$200.00 NON REFUNDABLE					
MAKE CHECK PAYABLE TO: STATE OF HAWAII (ACCOUNT NAME AND ADDRESS MUST BE ON CHECK)					
PROVIDE ON THE CHECK THE SOCIAL SECURITY NUMBER FOR SOLE PROPRIETORSHIP OR THE FEDERAL EMPLOYEE IDENTIFICATION NUMBER FOR OTHER BUSINESS, PARTNERSHIP, OR CORPORATION.					
SUBMIT APPLICATION AND FEE TO: SANITATION BRANCH 591 ALA MOANA BLVD. HONOLULU, HI 96813					
THERE WILL BE A SERVICE FEE OF \$15.00 AND INTEREST FOR ANY CHECK DISHONORED BY THE BANK					
I UNDERSTAND THAT APPROVAL OF THE PUBLIC SWIMMING POOL PLAN IS CONTINGENT UPON COMPLIANCE WITH THE REQUIREMENTS OF HAWAII ADMINISTRATIVE RULES, TITLE 11, CHAPTER 10, "PUBLIC SWIMMING POOLS." NO PUBLIC SWIMMING POOL SHALL BE CONSTRUCTED OR EXTENSIVELY REMODELED EXCEPT ACCORDING TO PLANS AND SPECIFICATIONS APPROVED BY THE DIRECTOR.					
DATE _____		SIGNATURE OF OWNER OR AGENT (SUBMIT ORIGINAL ONLY – NO COPIES)			
TITLE OF OWNER OR AGENT _____		PRINT NAME OF OWNER OR AGENT _____			
TELEPHONE NUMBER _____					

SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY

PLAN NO.		DATE PLAN RECEIVED		DATE BUILDING PERMIT APPLICATION SIGNED	
FEE PAID	DATE PAID	METHOD OF PAYMENT		RECEIPT NO.	RECEIVED BY
\$200.00					
REVIEWED AND APPROVED BY:					
DATE		SIGNATURE OF AGENT/DEPT. OF HEALTH		R.S. LIC. NO.	